



## LITHOTOMY AND LITHOTRITY, WITH EXAMPLES.\*

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In showing a number of calculi recently removed from the bladder, Prof. Buchanan made some clinical remarks on the cases which had been under his care since the publication of his paper on the subject, in June 1880.

The number of cases of calculus he had seen since the above date was nine, more than he had had for four years previously, an illustration of how such cases, like others, come in runs.

The first three calculi shown were all successfully removed by lithotomy, with the rectangular staff, the only peculiarity being in connection with one, a mulberry the size of a small walnut, taken from a pupil teacher aged 19, and which had caused so much agony that the only position in which he had any ease was sitting cross-legged like a Turk, in which posture he slept at night.

The next case mentioned was that of Mr. K., æt. 73, who was brought by his medical attendant from the country to consult Prof. Buchanan, in his own house. A stone was at once detected, and a day the following week appointed for the operation—lithotomy, as the stone was too large and hard for crushing. On the morning appointed, an hour before the time fixed on for leaving town, a telegram arrived to announce that the patient had died suddenly in the morning. The day before, the urine had become suppressed, uræmic poisoning occurred, and coma came on during the night.

An occurrence of an analogous kind took place in the case of Mr. O., aged 65, a tall, pale, flabby man, with a deep narrow perinaeum. The stone was uric acid, the size of a small nutmeg, and seemed favourable for lithotritry. At the first examination,

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which was done with the scoop-lithotrite, while the patient was in bed, and all prepared for any manipulation, the stone was crushed twice, but the patient complained bitterly of the pain, being a very irritable person. The proceedings were postponed, with the view of next day giving chloroform, and removing the whole at one sitting, by Bigelow's extractor. But within an hour or so a severe rigor occurred, followed by high fever and suppression of urine, which in two days ended in coma from uræmic poisoning.

The next case related was that of Mr. S., aged over 70, who had for long suffered from symptoms of stone, and was now bed-ridden, with ammoniacal putrid urine, and a constant and excruciating agony, for which he often took large doses of opium, which frequently produced toxic delirium. After long suffering, with periods of comparative ease, he at last consented to his medical attendant asking a surgeon to examine him. Prof. Buchanan was selected, having formerly removed by lithotrity a calculus from a gentleman whom the patient knew. Examination detected a large hard stone in a bladder contracted round it. Prof. B. gave a decided opinion that lithotrity was out of the question, and that lithotomy was the only operation admissible, but told the patient and his friends that while the operation would, if successful, most probably free him from the agony he was enduring, it would necessarily be accompanied by great danger, and that they must be prepared for any event. The old gentleman was much disappointed, having been under the delusion that the stone would be crushed and extracted at the visit first made, and he would not give his consent to any operation being arranged for. Subsequently the family requested Prof. Buchanan to prepare to come to the country, and do the operation on the following day, hoping that the father would consent in the interval. Next day, he was informed by telegram that the operation was postponed, and he was not sent for again; but a few days afterwards he saw in the newspaper the death of the old gentleman. On inquiry, he learned that the patient, being dissatisfied that the stone had not been crushed, sent for another surgeon in the hope that he would do lithotrity. This second consultant corroborated the opinion previously given, and himself performed lithotomy. The patient died next day.

The next calculus was from a gentleman aged over 60, who had for many years passed uric acid calculi, frequently followed by rigors and great disturbance of the system. Symptoms indicated that one was now retained in the bladder, and

Professor Buchanan succeeded in catching it between the blades of a small lithotrite, extracting it entire, by gradual dilatation of the urethra, and a small incision of the meatus urinarius, where the stone was firmly grasped. The recovery was rapid. This was in July 1880. In the April following, the same gentleman again felt symptoms of a retained stone. This time it was too large to be extracted entire, so Prof. B. crushed it in four sittings, the peculiar condition of the patient as to his respiration being unfavourable for giving chloroform—at all events long enough to allow of the time necessary for rapid evacuation, by Bigelow's extractor. Circumstances occurred to make it necessary, or at least advisable, to stop proceedings after the fourth crushing, and for two months the gentleman resided in the country, taking exercise and otherwise enjoying himself. In July he again underwent nine crushings at one or two days' interval, and before the 1st August, was entirely free of his calculus. He is now, December 1881, absolutely free from all annoyance. The April crushings evacuated 36 grains; the July operations, 64 grains.

The last case was that of a gentleman, aged 55, who for four years, at intervals, and always after a hard day's hunting, passed a little blood with his urine, with no other symptom. During the last year, pain in the perinæum was present, with occasional stoppage of the flow of urine. He had never been examined with a sound, though latterly opiates had been prescribed for him to allay the pain. At the Autumn Review, in Edinburgh, he had to take an opiate before mounting his horse, and also during the day, and after that exertion more than the usual quantity of blood came with the urine. Shortly after that, he related his case to Professor P. A. Simpson, who at once suspected a stone, and brought him to Professor Buchanan. It was easily detected. The bladder was rather irritable, so that it was necessary to give chloroform. By a few manipulations with a small lithotrite, the stone was caught between the blades and removed entire. It was mulberry, and weighed 12 grains.

As a sequel to the foregoing may be reported a case in which an old gentleman, 75 years of age, had a piece of india-rubber catheter, an inch long, in the bladder. He was in the habit of wearing one which is retained in the bladder, by a piece at the end bent like a knee at right angles. The instrument in question was introduced, and remained *in situ*—as had occurred in the case of two former ones, which he had worn for 8 and 10 days with great comfort. But on the occasion referred to, the catheter gave him some uneasiness

and two hours after it had been introduced he withdrew it—but to his astonishment he found it without the inch at the end. Professor Buchanan was summoned shortly after, and contented himself with passing a No. 12 sound, to satisfy himself that the passage was not blocked up. Next day, he introduced a smooth scoop lithotrite, and after opening the blades had the satisfaction of grasping the india-rubber catheter end, between them. Very gentle and careful traction succeeded in extracting the foreign body without difficulty.

On examining the india-rubber catheter, it was found somewhat brittle, evidently from long keeping, though it had been got directly from one of the most reliable instrument makers in London. India-rubber instruments, to be safe, must be certified to be of recent manufacture.